

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** HALCYON HOUSE (0010510)  
**Address:** 745 N 8TH STREET, BLACK RIVER FALLS, WI 54615  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0096997      **End Date:** 04/26/2006      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0092101      **End Date:** 02/03/2004      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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